

APPLICATION FOR EXAMINATION

ELEVATOR INSPECTOR ELEVATOR MECHANIC LIFT MECHANIC



Department of Professional and Financial Regulation
Office of Licensing and Registration

BOARD OF ELEVATOR AND TRAMWAY SAFETY

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207)624-8672
Hearing Impaired: 1-888-577-6690
Website: www.MaineProfessionalReg.org

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

Elevator Inspector Examination

Elevator Mechanic Examination

Lift Mechanic Examination

COMPLETING THE APPLICATION FORM – Answer all questions and return the following to this office:

- Completed Application Form
- Application Fee of \$25.00
- Examination Fee of \$100.00
- Copy of current QEI certification (Inspector Only)

Incomplete applications will be returned.

ELIGIBILITY REQUIREMENTS:

See attached Bulletin of Information



STATE OF MAINE

BOARD OF ELEVATOR AND TRAMWAY SAFETY BULLETIN OF INFORMATION

LICENSES REQUIRED

The Board of Elevator & Tramway Safety requires the following licenses for persons working in the elevator industry.

- Elevator Inspector
- Elevator Mechanic
- Lift Mechanic

Eligibility to take a license qualification exam is determined by the Board of Elevator & Tramway Safety of the State of Maine and the Department of Professional and Financial Regulation.

ELIGIBILITY REQUIREMENTS

ELEVATOR INSPECTOR

An applicant must hold a current certification as a Qualified Elevator Inspector (QEI).

ELEVATOR MECHANIC

An applicant must present satisfactory written evidence that they have at least 2 years' experience in the service, repair, alteration or installation of elevators while employed by an elevator company; have at least 4000 hours' experience, over at least a 2-year period, in the service, repair, alteration or installation of elevators other than while employed by an elevator company; or have a least 4000 hours' experience, over at least a 2-year period, in the service, repair, alteration or installation of elevators either while employed by an elevator company or in any other capacity.

LIFT MECHANIC

An applicant must present satisfactory written evidence that they have at least 2 years' experience in the service, repair, alteration or installation of lifts while employed by an elevator company; have at least 4000 hours' experience, over at least a 2-year period, in the service, repair, alteration or installation of lifts other than while employed by an elevator company; or have a least 4000 hours' experience, over at least a 2-year period, in the service, repair, alteration or installation of lifts either while employed by an elevator company or in any other capacity.

EXAMINATION DATES, DEADLINES AND LOCATIONS

Examinations will be administered on the third Wednesday each March, June, September, and December. The Board must receive applications for examination together with the examination fee no later than the last day of the month prior to the examination.

FEEES

The following fees apply:

Examination fee:	\$100.00
License fee:	
Elevator Mechanic	\$40.00
Lift Mechanic	\$40.00
Elevator Inspector	\$100.00

All licenses expire 8/31 annually.

Candidates who fail the examination will need to pay the examination fee listed to retake the exam.

Candidates who pass the examination will be mailed a notification with a portion to be completed and returned to the Board office with the applicable license fee.

ADA CANDIDATES

Whenever a candidate has a disability falling within the guidelines of “*Americans with Disabilities Act*,” the Board will make accommodations and provide a proctor for the candidate for administration of an examination.

Candidates requiring special accommodations shall submit a letter from a physician documenting the disability at the time the examination application is submitted.

ADMISSION TO THE EXAM

The Board will send an admission letter to each candidate approximately ten (10) days preceding the exam. The admission letter will show the name of the exam requested by the candidate, the specific date, time, and location of the exam. Only pre-registered candidates will be admitted to the exam. No walk-in candidates will be admitted.

Candidates not appearing for their scheduled exam forfeit all examination fees if prior notice not given.

If you lose your admission letter, or have not received an admission letter five days before the exam date, **contact the Board at 207/624-8629**. Please notify the Board of any change of address.

WHAT TO BRING TO THE EXAM

Be sure to bring your admission letter and a photo identification (such as a driver’s license).

Please bring at least two #2 pencils with erasers for marking your answer sheet.

DESCRIPTION OF THE EXAM

All exams are multiple-choice format.

	<u>Time</u> <u>(hours)</u>	<u># of</u> <u>Questions</u>
Elevator Inspector	1	25
Elevator Mechanic	3	100
Lift Mechanic	1	25

SCORE INFORMATION

Your score will be based on the number of questions you answer correctly. You will not be given credit for any question which has been answered incorrectly, left blank, or marked with more than one answer. Be sure to mark an answer for each question. There is no penalty for guessing.

A minimum score of 80% is required to pass your examination. A result letter will be mailed to you approximately two weeks after the exam date. All result letters will be mailed simultaneously. The letters will provide you with information on licensing and re-testing.

REFERENCE MATERIALS

ELEVATOR INSPECTOR'S EXAM

Latest edition of the following codes:

1. Board of Elevator and Tramway Safety's Laws and Rules

ELEVATOR MECHANIC'S EXAM

Latest edition of the following codes:

1. ASME A17.1
2. ASME A17.3
3. NFPA 70, Article 620
4. ASME A17.4
5. Board of Elevator and Tramway Safety's Laws and Rules

ASME Publications may be purchased from:

ASME Order Department
22 Law Drive, Box 2900
Fairfield, NJ 07007-2900
Tel: 1-800-843-2763

Board of Elevator and Tramway Safety's Laws and Rules may be received from:

Board of Elevator and Tramway Safety
35 State House Station
Augusta, ME 04333
Tel: 207/624-8629

NFPA Publications may be purchased from:

National Fire Protection Association
1 Batterymarch Park, P.O. Box 9101
Quincy, MA 02269-9101
Tel: 1-800-344-3555

BOCA Code may be purchased from:

BOCA International, Inc.
4051 W. Flossmoor Road
Country Club Hills, IL 60478-5795
Tel: 708-799-2300

EXAMINATION APPLICATION

Date

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
BOARD OF ELEVATOR & TRAMWAY SAFETY
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8672 FAX: (207)624-8636
HEARING IMPAIRED: 1-888-577-6690

Office Use Only

Check #: _____
Amount: _____
License #: _____
Issued: _____
Expires: _____
CN #: _____
4530

PLEASE CHECK TYPE OF EXAM APPLYING FOR:

☐ ELEVATOR INSPECTOR ☐ ELEVATOR MECHANIC ☐ LIFT MECHANIC

Examination Fee: \$100.00 1447
Application Fee: \$ 25.00 1446
Total Due: \$125.00

PAYMENT OPTIONS: ☐ Check or Money Order Payable to "Treasurer State of Maine".
☐ Credit Card: MasterCard or VISA Only. Complete the following:

I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ Exp. Date ____/____/____ in the amount of \$ _____. Signature _____

NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS. This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.

SOCIAL SECURITY NUMBER. The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED.

Name of applicant: _____

Contact Address: _____

City: _____

State: _____

Zip Code: _____

County: _____

Social Security Number
_____-_____-_____

Home Telephone: (____)_____-_____

Work Telephone: (____)_____-_____

Date of Birth: ____/____/____

Sex: ☐ Male ☐ Female

Have you ever been convicted of a crime other than a minor traffic violation? ☐ Yes ☐ No
If yes, please list date(s), crime(s) and submit a copy of the Judgment and Commitment and a letter from you explaining the circumstances surrounding your conviction.

PRESENT OR LAST EMPLOYER: _____

COMPLETE ADDRESS: _____

DATES OF EMPLOYMENT: FROM: MO/YR _____ TO: MO/YR _____

TOTAL HOURS PER WEEK: _____ TOTAL HOURS PER YEAR: _____

YOUR TITLE: _____

DETAIL OF WORK PERFORMED: _____

EMPLOYER: _____

COMPLETE ADDRESS: _____

DATES OF EMPLOYMENT: FROM: MO/YR _____ TO: MO/YR _____

TOTAL HOURS PER WEEK: _____ TOTAL HOURS PER YEAR: _____

YOUR TITLE: _____

DETAIL OF WORK PERFORMED: _____

EMPLOYER: _____

COMPLETE ADDRESS: _____

DATES OF EMPLOYMENT: FROM: MO/YR _____ TO: MO/YR _____

TOTAL HOURS PER WEEK: _____ TOTAL HOURS PER YEAR: _____

YOUR TITLE: _____

DETAIL OF WORK PERFORMED: _____

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I understand that any person who procures an inspector's license by fraud is guilty of a misdemeanor and may be punished by a fine, imprisonment, or both.

This application must be signed in order to be processed.

Sign: _____
(Signature of Applicant)

Date: _____

Sign: _____
(Signature of current or former employer, required only for mechanic applicants)

Phone: _____

ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name:		
Mailing Address:		
City:	State:	Zip Code:
Social Security # ____ - ____ - _____	Telephone #: (____) _____ - _____	

ACCOMMODATIONS REQUESTED FOR THE _____ EXAMINATION.

(CHECK ALL THAT APPLY)

- ☐ ACCESSIBLE TESTING SITE
- ☐ SEPARATE TESTING AREA
- ☐ BRAILLE
- ☐ LARGE PRINT
- ☐ TAPE
- ☐ READER AS ACCOMMODATION FOR VISUAL IMPAIRMENT
- ☐ SCRIBE/AMANUENSIS AS ACCOMMODATION FOR VISUAL OR MOTOR IMPAIRMENT
- ☐ READER AS ACCOMMODATION FOR LEARNING DISABILITY
- ☐ SCRIBE/ANANUESIS AS ACCOMMODATION FOR LEARNING DISABILITY
- ☐ SIGN LANGUAGE INTERPRETER
- ☐ EXTENDED TIME
- ☐ TIME-AND-A-HALF
- ☐ DOUBLE TIME
- ☐ MORE THAN DOUBLE TIME(SPECIFY): _____
- ☐ USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT

(SPECIFY): _____

☐ OTHER _____

COMMENTS: _____

SIGNED: _____ DATE: _____

SOME ACCOMMODATION REQUESTS MAY REQUIRE ADDITIONAL DOCUMENTATION
(see reverse side)

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known _____ since _____ in my capacity as a
(test applicant) (date)

(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all that apply)

- ☐ TAPED TEST
- ☐ LARGE PRINT TEST
- ☐ READER
- ☐ SCRIBE/AMANUENSIS
- ☐ EXTENDED TIME:
- ☐ TIME-AND-A-HALF
- ☐ DOUBLE TIME
- ☐ MORE THAN DOUBLE TIME (PLEASE JUSTIFY)
- ☐ SEPARATE TESTING AREA
- ☐ USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT (PLEASE SPECIFY): _____

OTHER (PLEASE SPECIFY): _____

SIGNED: _____ TITLE: _____

DATE: _____ LICENSE # (if applicable): _____